



Please duplicate NAME or FIRM for whom this application is for:  
(Residential – Last name first)

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

List individuals who are authorized to respond, gain access to the premises, and deactivate alarm signal ( KEY HOLDER) if the need should arise. Please list in order to be called. (Firm – Requires three (3) contact persons)

#1 Name \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_

#2 Name \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_

#3 Name \_\_\_\_\_ Address \_\_\_\_\_

Phone No. \_\_\_\_\_

APPLICANT(S) MUST SIGN THIS PORTION:

I/We fully understand that:

- ( 1 ) it shall be the alarm users continuing responsibility to immediately notify the Dept. of Public Safety of any changes in the information required to be filed in the alarm user application and keep all such information current at all times, and
- ( 2 ) that violations of the alarm permit user permit shall be fined not more than \$1,000 Dollars for each and every offense as set forth in the Townships Ordinance 454 and
- ( 3 ) that violations of the permit may be for the following causes:
  - A. Violation of any provisions of this Ordinance: or
  - B. The failure to comply with rules and regulations adopted pursuant to the Ordinance: or
  - C. Where the applicant or alarm user has knowingly made any false misleading or fraudulent statement of a material fact in the application for a permit or in any report or record required to be filed with the Dept. of Public Safety.

I/We certify that the information contained within this application is true and correct.

\_\_\_\_\_  
Applicant/Authorized Signature(s)

**FOR DEPARTMENT USE ONLY**

Date Received: \_\_\_\_\_

Application Received By: \_\_\_\_\_ Fee Paid;  Yes  No/Exempt

Amount Paid: \_\_\_\_\_ Payment Form;  Personal Check  Business Check

Invoice No: \_\_\_\_\_ Issue Date \_\_\_\_\_ Check No. \_\_\_\_\_

Application Processed By: \_\_\_\_\_

Date Processed \_\_\_\_\_

Complied with ordinance and rules and regulations;  Yes  No

Approved  Disapproved - By; \_\_\_\_\_ Date: \_\_\_\_\_

(Approved – Complete face application )

(Disapproved – Document reason(s) & notification made to applicant)